



STATE OF WASHINGTON  
DEPARTMENT OF COMMUNITY,  
TRADE AND ECONOMIC DEVELOPMENT

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# Residential Substance Abuse Treatment for Prisoners in State Correctional Facilities (RSAT) Program Program Application and Instructions

April 2005



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Director



**RESIDENTIAL SUBSTANCE ABUSE TREATMENT (RSAT)  
PROGRAM FOR  
PRISONERS IN STATE CORRECTIONAL FACILITIES:  
  
FY 2005 FORMULA GRANT ANNOUNCEMENT**

**RSAT Application Submission Deadline: May 20, 2005**

**(This deadline is firm and will not be extended.)**



# TABLE OF CONTENTS

ABOUT THE RSAT PROGRAM FOR STATE PRISONERS.....	1
PROGRAM REQUIREMENTS.....	1
Residential Substance Abuse Treatment Programs .....	1
AFTERCARE .....	2
TREATMENT AFTER RELEASE .....	2
ELIGIBILITY .....	2
MATCH REQUIREMENT .....	3
SUPPLANTING PROHIBITION .....	3
RESTRICTION ON USE OF FUNDS .....	3
CDFA Number.....	3
DESCRIPTION OF ATTACHMENTS FOR SUBMITTAL TO CTED .....	3
Budget Narrative (Attachment #1).....	3
Program Narrative (Attachment #2) .....	3
Annual Report (Attachment #3).....	4
Performance Measures.....	4
SUBMISSION DEADLINE .....	7
REPORTING REQUIREMENTS .....	7
OTHER REQUIREMENTS.....	7
NATIONAL ENVIRONMENTAL POLICY ACT .....	7
CIVIL RIGHTS COMPLIANCE.....	7
LIMITED ENGLISH PROFICIENCY .....	7
FAITH-BASED AND COMMUNITY ORGANIZATIONS .....	8
ANTI-LOBBYING ACT .....	8
CONFIDENTIALITY AND HUMAN SUBJECTS PROTECTION .....	8
EVALUATION .....	9
ADDITIONAL INFORMATION .....	9
FORMS .....	11
APPLICANT INFORMATION WORKSHEET .....	13
BUDGET AND BUDGET NARRATIVE INSTRUCTIONS (FORM 1).....	15
PROJECT BUDGET FACE SHEET (FORM 2) .....	17
PROGRAM ABSTRACT (Statement of Work) (FORM 3).....	23
SIGNIFICANT ACCOMPLISHMENTS (FORM 4) .....	25
CONTACTS (FORM 5).....	27
QUARTERLY PERFORMANCE REPORT (FORM 6) .....	29
ANNUAL PERFORMANCE REPORT (FORM 7).....	31
SIGNATURE AUTHORIZATION (FORM 8) .....	35
STATEMENT OF ASSURANCES (FORM 9).....	37
CERTIFICATIONS RE: LOBBYING; DEBARMENT, SUSPENSION & OTHER RESPONSIBILITY MATTERS; & DRUG-FREE WORKPLACE REQUIREMENTS (FORM 10) .....	39
DISCLOSURE OF LOBBYING ACTIVITIES (FORM 11) .....	41
EQUAL EMPLOYMENT OPPORTUNITY PLAN (EEOP) CERTIFICATION (FORM 12) .....	43
CIVIL RIGHTS REQUIREMENTS (FORM 13) .....	45



## **ABOUT THE RESIDENTIAL SUBSTANCE ABUSE TREATMENT PROGRAM FOR STATE PRISONERS**

Funding of qualified, eligible applicants under this grant announcement is contingent on the availability and amount of Fiscal Year (FY) 2005 funding for the Residential Substance Abuse Treatment (RSAT) Program for State Prisoners. The Department of Community, Trade and Economic Development (CTED) has made available \$200,000 in support of this application

The RSAT Program assists the Department of Corrections (DOC) in developing and implementing residential substance abuse treatment programs in state correction and detention facilities, and to local governments subcontracted within, creating and maintaining community-based aftercare services for DOC offenders.

The goal of the RSAT Program is to break the cycle of drugs and violence by reducing the demand for, use of, and trafficking of illegal drugs.

The objectives of the RSAT Program:

- Enhance the capability of DOC to provide residential substance abuse treatment for incarcerated inmates.
- Prepare offenders for their reintegration into the communities from which they came by incorporating re-entry planning activities into treatment programs.
- Assist both the offenders and their communities in the re-entry process through the delivery of both community-based treatment and other broad-based aftercare services.

### **PROGRAM REQUIREMENTS**

RSAT Program formula grant funds may be used to implement projects in state prisons and other state correctional facilities as defined below:

#### Residential Substance Abuse Treatment

Residential substance abuse treatment programs provide individual and group treatment activities for offenders in residential facilities operated by DOC agencies. These programs must (as required by 42 U.S.C. 3796ff):

- Last at least six months and no more than 12 months.
- Be provided in residential treatment facilities set apart from the general correctional population. "Set apart" means a completely separate facility or a dedicated housing unit within a facility exclusively for use by program participants.
- Focus on the substance abuse problems of the inmate.
- Develop the inmate's cognitive, behavioral, social, vocational, and other skills to solve the substance abuse and related problems.
- Begin or continue requiring urinalysis and/or other proven reliable forms of drug and alcohol testing for program participants and former participants while they remain in the custody of the state or local government.

Preferably, participation in the residential program should be limited to inmates who have six to 12 months remaining in their term of confinement so that they can be released from prison instead of returning to the general prison population after completing the treatment program.

## **AFTERCARE**

DOC's application should provide aftercare services to program participants. Aftercare services must involve coordination between the correctional treatment program and other social service and rehabilitation programs, such as education and job training, parole supervision, halfway houses, self-help, and peer group programs that may aid in rehabilitation.

DOC may use amounts set-aside for aftercare if they certify that their project(s) provide, and will continue to provide, an adequate level of residential treatment services. To qualify as an aftercare program, the head of the substance abuse treatment program must work in conjunction with other state and local authorities and organizations involved in substance abuse treatment to assist in the placement of program participants into community substance abuse treatment facilities upon release.

## **TREATMENT AFTER RELEASE**

DOC may use these federal funds for the purpose of providing treatment to offenders for a period not to exceed one year after release. No more than 10 percent of the total award may be used for treatment of those released from a project's facility.

Applicant awarded funding will be responsible for the administration of grant funds, which includes:

- Establishing funding priorities.
- Receiving, accounting for, and disbursing funds.
- Reviewing, awarding, monitoring, and evaluating sub-grant awards.
- Preparing progress, financial, and evaluation reports.
- Complying with audit requirements.
- Implementing guidance and technical assistance as received from CTED.

The applicant may use a portion of the formula grant funds to administer the program. Because the purpose of the funds is to increase the availability of treatment services, the amount of funds used for administrative purposes should be modest (no more than 10 percent of the grant award) and must be justified. Federal grant funds used for administration must meet all match requirements.

## **ELIGIBILITY**

DOC, having previously received funding under the Washington State Residential Substance Abuse Treatment Program, may apply for formula grant awards under this program. For the purposes of this solicitation, DOC is eligible, having correction or detention facilities certifiable for Residential Substance Abuse Treatment by the Department of Social and Health Services (DSHS), Division of Alcohol and Substance Abuse (DASA).



## **MATCH REQUIREMENT**

The federal share of a grant-funded project may not exceed 75 percent of the project's total cost. The matching funds (25 percent) should be in the form of cash contributions.

## **SUPPLANTING PROHIBITION**

Federal funds must be used to supplement existing funds for program activities and may not replace (supplant) nonfederal funds that have been appropriated for the same purpose. Potential supplanting will be the subject of monitoring and audits. Violations can result in a range of penalties, including suspension of future RSAT funds, suspension or debarment from federal grants, recoupment of monies provided under this grant, and civil and/or criminal penalties.

## **RESTRICTION ON USE OF FUNDS**

Grant funds shall not be used for land acquisition or construction projects.

## **CATALOG OF FEDERAL DOMESTIC ASSISTANCE**

The Catalog of Federal Domestic Assistance (CFDA) number for this solicitation is 16.593, titled "Residential Substance Abuse Treatment for State Prisoners."

## **DESCRIPTION OF ATTACHMENTS FOR SUBMITTAL TO CTED:**

### **Budget Narrative (Submit as Attachment #1)**

DOC must submit a narrative that outlines any proposed uses of 10 percent of the formula grant funds for aftercare and for administration.

### **Program Narrative (Submit as Attachment #2)**

The program narrative must be double spaced, using a standard 12-point font (Times New Roman preferred) with 1-inch margins.

DOC must submit a program narrative that describes the proposed program activities for the FFY 2005 RSAT funds and any changes since the previous application. The program narrative should include the following:

- The goals of the program.
- The implementation process.
- Timetable for implementation.
- Information about priorities and/or projects to be funded, including a description of how the preference for programs with aftercare services will be implemented.
- A description of any changes in the state's law or policy requiring substance abuse testing of individuals in correctional/residential substance abuse treatment programs, including individuals who have been released but who remain in the custody of the state.
- The number (or estimated number) of offenders who were tested for the use of illegal substances during the last calendar year.

- An explanation of how the applicant will coordinate the design and implementation of the program at the local levels (aftercare and transitional care) and how grant funds will be coordinated with the federal assistance for substance abuse treatment and aftercare services that are currently provided by the Substance Abuse and Mental Health Services Administration (SAMSHA) through various state and local agencies and organizations.
- A brief description of any other federal grant awards (including other U.S. Department of Justice agencies) that also will support RSAT-funded efforts.

### **Annual Report (Submit as Attachment #3)—Previous Period funding**

Applicants funded in the previous RSAT funding cycle should submit their RSAT Program annual report for the FFY 2003 funds received during the previous contract period (July 2003 through June 2004) with their application for this contract period. Use the Annual report format provided in the Additional Forms section.

### **Performance Measures (Submit as Attachment #4)**

To ensure compliance with the federal Government Performance and Results Act (GPRA), Public Law 103-62, applicants will be required to collect and report data that measure the results of program performance. Within Washington State, state agencies are required to reflect the principles of the Governor's Executive Order 05-02 dated Feb 21, 2005, "Government Management, Accountability and Performance (GMAP)" in all programs and projects undertaken; and to demonstrate successful performance in clear, measurable terms. All applicants are required to address the performance measures listed below. In addition to incorporating this information into their submissions narrative, applicants are required to address the type of information they will collect, who will collect it, the methods of collection, and how the information will be reported. Successful applicants are also expected to provide this data in their annual performance reports.

Program Objectives	Performance Measures
<p>Enhance the capability of the Department of Corrections to provide residential substance abuse treatment for incarcerated inmates.</p>	<p>Amount of services:</p> <ul style="list-style-type: none"> <li>• Number of days of residential treatment provided.</li> <li>• Number of days of aftercare provided.</li> <li>• Previously funded RSAT beds continued during grant cycle.</li> <li>• New treatment beds added with RSAT grant funds during this grant cycle.</li> <li>• Treatment beds funded through other sources, but enhanced with RSAT-funded services.</li> <li>• Average length of stay (in days) in the residential program for those completing the program.</li> </ul> <p>Offenders entering residential treatment:</p> <ul style="list-style-type: none"> <li>• Total number of offenders entering an RSAT-funded treatment program.</li> </ul> <p>Program costs:</p> <ul style="list-style-type: none"> <li>• Average cost per day for residential program.</li> </ul>
<p>Prepare offenders for reintegration into the communities from which they came by incorporating reentry-planning activities into treatment programs.</p>	<p>Recidivism and drug use:</p> <ul style="list-style-type: none"> <li>• Of the offenders who completed the program, the number who have remained drug-free during the residential program.</li> <li>• Of the offenders who completed the program, the number who have remained drug-free during the aftercare program.</li> <li>• Of the offenders who completed the program, the number who have remained arrest-free during the aftercare program.</li> <li>• Of the offenders who completed the program, the number who have remained arrest-free for one year following release from aftercare. (For this indicator, use data from the most recent available year)</li> </ul>

Program Objectives	Performance Measures
<p>Prepare offenders for reintegration into the communities from which they came by incorporating reentry-planning activities into treatment programs. (Continued)</p>	<p>Residential treatment success:</p> <ul style="list-style-type: none"> <li>• Total number of offenders successfully completing the residential program.</li> <li>• Total number of offenders who dropped out of the residential program.</li> <li>• Total number of offenders who were terminated from the residential program.</li> </ul>
<p>Assist both the offenders and their communities in the reentry process through the delivery of both community-based treatment and other broad-based aftercare services.</p>	<p>Offenders entering aftercare programs:</p> <ul style="list-style-type: none"> <li>• Total number of offenders entering an RSAT-funded aftercare program.</li> <li>• Average length of stay (in days) in the aftercare program for those completing the program.</li> </ul> <p>Aftercare success:</p> <ul style="list-style-type: none"> <li>• Total number of offenders successfully completing the aftercare program.</li> <li>• Total number of offenders who dropped out of the aftercare program.</li> <li>• Total number of offenders who were terminated from the aftercare program.</li> </ul> <p>Program costs:</p> <ul style="list-style-type: none"> <li>• Average cost per day for the aftercare program.</li> </ul>

## **SUBMISSION DEADLINE**

Applications for this program are due by 5:00 p.m. (Pacific Standard Time) on May 20, 2005. Faxed applications or supplemental materials will not be accepted.

## **REPORTING REQUIREMENTS**

Sub-grantees must submit financial status reports quarterly.

Quarterly Programmatic Reports must be submitted. The due dates for submittal are no later than 15 days after the last day of each reporting quarter, based upon the contract period start date.

## **OTHER REQUIREMENTS**

### **Purchase of American-Made Equipment and Products**

It is the sense of Congress, as conveyed through each year's appropriations act, that—to the greatest extent practicable—all equipment and products purchased with grant funds should be American made.

## **NATIONAL ENVIRONMENTAL POLICY ACT**

All actions significantly affecting the quality of the environment are subject to the provisions of the National Environmental Policy Act (NEPA) and other related federal environmental laws. Most RSAT projects will not be affected by NEPA. If, however, a project involves minor renovation or any other activity that may have an impact on the environment or change the use or function of a facility, the grantee should provide a full description of the proposed project prior to project implementation. The Bureau of Justice Assistance (BJA) will make a determination regarding whether action is necessary.

## **CIVIL RIGHTS COMPLIANCE**

All recipients of federal grant funds must comply with nondiscrimination requirements contained in federal laws. If, after a due process hearing, a court or administrative agency makes a finding of discrimination against a recipient of funds on grounds of race, color, religion, national origin, gender, disability, or age, the recipient must forward a completed copy of the finding to the Office for Civil Rights of the Office of Justice Programs.

## **LIMITED ENGLISH PROFICIENCY**

Recipients of OJP financial assistance are required to comply with several federal civil rights laws, including Title VI of the Civil Rights Act of 1964 (Title VI) and the Omnibus Crime Control and Safe Streets Act of 1968 (Safe Streets Act), as amended. These laws prohibit discrimination on the basis of race, color, religion, national origin, and sex in the delivery of services. National origin discrimination includes discrimination on the basis of Limited English Proficiency (LEP). To ensure compliance with Title VI and the Safe Streets Act, recipients are required to take reasonable steps to ensure that LEP persons have meaningful access to their programs. Meaningful access may entail providing language assistance services, including oral and written translation where necessary. Sub-grantees are encouraged to consider the need for language services for LEP persons served or encountered both in developing their proposals and

budgets, and in conducting their programs and activities. Reasonable costs associated with providing meaningful access for LEP individuals are considered allowable program costs.

The US Department of Justice has issued guidance for sub-grantees to assist them in complying with Title VI requirements. The guidance document can be accessed on the Internet at <http://www.lep.gov> ; by contacting the Office of Justice Program's (OJP) Office for Civil Rights by telephone at (202) 307-0690; or by writing to the following address:

Office for Civil Rights  
Office of Justice Programs  
US Department of Justice  
810 - 7th Street NW, Eighth Floor  
Washington, DC 20531

### **FAITH-BASED AND COMMUNITY ORGANIZATIONS**

It is OJP policy that faith-based and community organizations that statutorily qualify as eligible applicants under OJP programs are invited and encouraged to apply for assistance awards. Faith-based and community organizations will be considered for awards on the same basis as any other eligible applicants, and if they receive assistance awards, will be treated on an equal basis with all other sub-grantees in the administration of such awards. No eligible applicant or sub-grantee will be discriminated against on the basis of its religious character or affiliation, religious name, or the religious composition of its board of directors or people working in the organization.

### **ANTI-LOBBYING ACT**

The Anti-Lobbying Act (18 U.S.C. § 1913) recently was amended to expand significantly the restriction on use of appropriated funding for lobbying. This expansion also makes the anti-lobbying restrictions enforceable via large civil penalties, with civil fines between \$10,000 and \$100,000 per each individual occurrence of lobbying activity. These restrictions are in addition to the anti-lobbying and lobbying disclosure restrictions imposed by 31 U.S.C. § 1352.

The Office of Management and Budget (OMB) is currently amending the OMB cost circulars (<http://www.whitehouse.gov/omb/circulars/index.html>) and the common rule (codified at 28 C.F.R. Part 69 for US Department of Justice grantees) to reflect these modifications. However, in the interest of full disclosure, all applicants must understand that no federally appropriated funding made available under this grant program may be used, either directly or indirectly, to support the enactment, repeal, modification or adoption of any law, regulation, or policy, at any level of government, without the express approval by OJP. Any violation of this prohibition is subject to a minimum \$10,000 fine for each occurrence. This prohibition applies to all activity, even if currently allowed within the parameters of the existing OMB circulars.

### **CONFIDENTIALITY AND HUMAN SUBJECTS PROTECTION**

US. Department of Justice regulations (28 C.F.R. Part 22) require applicants for federal funding to submit a Privacy Certificate as a condition of approval of any grant application or contract proposal that contains a research or statistical component under which personally identifiable information will be collected. In addition to the regulations in Part 22, regulations concerning protection of human subjects are set forth in 28 C.F.R. Part 46. In general, 28 C.F.R. Part 46 requires that all research involving human subjects, which is conducted or supported by a federal

department or agency, must be reviewed and approved by an Institutional Review Board before funds are expended for that research.

General information regarding Confidentiality and Human Subjects Protection can be found on the National Institute of Justice ([www.ojp.usdoj.gov/nij/humansubjects](http://www.ojp.usdoj.gov/nij/humansubjects)) web site. Sample formats of the Privacy Certificate, Transfer Agreement, and Single Project Assurance for submission to CTED can be found on the OJP web site ([www.ojp.usdoj.gov/forms.htm](http://www.ojp.usdoj.gov/forms.htm)). The form is contained in the Supplement Guide to this application.

## **EVALUATION**

Projects may not expend federal funds or match funds for evaluation. Pending the availability of funds, BJA and the National Institute of Justice will identify a number of sites under the Residential Substance Abuse Treatment for Prisoners Program to participate in a national and project-level process and impact evaluation. The goal of this evaluation is to gain practical, measurable, and descriptive information; and to provide feedback to interested agencies and organizations about processes and early outcomes.

## **ADDITIONAL INFORMATION**

For general information about BJA programs, training, and technical assistance, contact BJA by telephone at (202) 616-6500; or visit the BJA home page at <http://www.ojp.usdoj.gov/BJA> .

For specific information about this solicitation, contact Harvey Queen, Safe and Drug-Free Communities Unit, Local Government Division, Department of Community, Trade and Economic Development. Telephone: (360) 725-3034. Email: [Harveyq@cted.wa.gov](mailto:Harveyq@cted.wa.gov).

The OJP Financial Guide, which contains information on allowable costs, methods of payment, audit requirements, accounting systems, and financial records, is available on the OJP web site at <http://www.ojp.usdoj.gov/FinGuide/>. This document governs the administration of funds by all successful applicants and their subcontractors. CTED has developed and will distribute this information under separate cover for all successful applicants.

Application Forms are provided in the last section of this application package.





# **FORMS FOR SUBMITTAL WITH APPLICATION**



## FFY 2005 Residential Substance Abuse Treatment Program

### APPLICANT INFORMATION WORKSHEET

(This page should be completed and submitted as the first page of the Budget Forms)

Award \$: \$200,000 Grant #: RSAT FFY 2005 Application #: 67705-00

1. PROJECT TITLE: \_\_\_\_\_

2. APPLICANT AGENCY: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

DUNS Number:

UBI Number:

TAX ID Number:

SWV Number:


Level of government of the applicant agency (circle one): State City/Town County Tribal

3. PROJECT DURATION: From: \_\_\_\_\_ To: \_\_\_\_\_

4. AMOUNT OF RSAT FUNDS REQUESTED:

GRANT\$: \_\_\_\_\_ MATCH\$: \_\_\_\_\_ AFTERCARE\$: \_\_\_\_\_

5. IMPLEMENTING AGENCY: \_\_\_\_\_

Address, City & Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

6. PROJECT DIRECTOR (Include Title): \_\_\_\_\_

Agency Name: \_\_\_\_\_

Address, City & Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

7. SERVICE AREA: U.S. Congressional Districts (Use CD#'s), Legislative District ( Use LD ID#'s), or counties (provide the primary county(ies) to be served):

CD'S: \_\_\_\_\_

LD's: \_\_\_\_\_

Counties: \_\_\_\_\_

Age of Target Population (Check all that apply):  
All 18-24 Over 25

## FFY 2005 Residential Substance Abuse Treatment Program

8. PROJECT SUMMARY: Answer the following as part of the Program Abstract (Form 3, Page 23).

Provide a brief project description as an edited version or synopsis of your project plan. This summary must include the following:

- a. Problem Statement: An overview of the problem that this project will address. Include a description of the “need” in terms of the extent and severity of crime and violence as reflected in crime statistics and other data.
- b. A topical listing with a brief description of each goal and measurable objective.
- c. Project Description and Critical Elements: Summarize. This section must explicitly state what activity (ies) are intended to be conducted under the project, and what is necessary to implement the project. It must be stated in a manner that is clear and concise, so that the reader will immediately have a mental picture of the project’s activities.
- d. Evaluation Plan: Summarize what outcomes will be sought. What will be planned for and how will it be accomplished.
- e. Projects should complete this table. Provide a brief description of the cultural diversity as an integral part of this project (i.e., training that will be received). Identify the cultural diversity training that will be provided during the year, including who will present it, when it will occur, and the duration of training. Complete the table on the ethnic and gender composition of project staff and clients. Include both numbers and column percentages, using the following table as a guide. Submit your own page with your application.

<b>Ethnicity/Gender</b>	<b>Clients Served (Project or Actual)</b>	<b>Project Staff</b>	<b>Other</b>
Male			
Female			
White			
Hispanic			
Black			
Native American			
Asian			
Other			
Total			
Training Topics (list):			

Table 8: Ethnicity and Gender Composition (Sample) Table

- f. A concise explanation of anticipated results.

## BUDGET AND BUDGET NARRATIVE INSTRUCTIONS:

The Budget Narrative provides justification for budget items identified on the Budget Detail Worksheets (Form 2) for details that are the basis for determining the costs of each item. The Budget Detail Worksheets organize this level of costs and facilitates your summarizing costs by Budget Category for placement on the Application Face Sheet (Form 1).

The budget must cover the entire project duration as listed in Item 5, Application Face Sheet (Form 1). Work with whole dollar amounts only. Round to the next whole dollar amount. Under Item #10, Proposed Budget on Form 1: Application Face Sheet, there are seven budget categories. Each of these categories is to be described by entering the summary dollar amount in the respective fund type column. Fund types consist of “GRANT \$” (the amount of costs requested for federal Byrne Funds), and “MATCH” (the amount of state and local dollars augmenting the grant).

You are not required to show match in every category, simply in those that match is used. Total cash match must equal or exceed 25 percent of the Total Project Budget. Use the rule that if a cost is not allowable with federal funds, it is not allowable with match.

Guidance for justifying costs in the Categories: There is a budget detail worksheet (Form 2) for each Budget category on the Application Face Sheet. Complete the information in all of the cost items for each budget category. For instance, there may be personnel costs for as well as goods and Services, which are two of the categories. Enter your Budget Narrative justification on a plain, white sheet and attach as “Budget Narrative” section.

- Personnel Costs: List each position by title, name, and employer on a worksheet. Enter the grant and match amounts for each personnel category on the Budget Detail Worksheet.
- Goods and Services: List expendable, non-durable items within this worksheet by major type (e.g., office supplies, training materials, forms, telephone, postage, tuition, etc.), and show the basis for computation.
- Contracted Services: List the entity who is named to receive funding as “sub-recipient.” List the type of service with proposed fee (by eight-hour day or hourly rate).
- Travel: Summarize travel expenditures of project personnel by purpose and whether in state or out-of-state (e.g., to attend training sessions, to transport student, etc.) and show the basis for computation. Tuition and registration fees are operating costs and should be listed as Goods and Services.
- Equipment: List separately, by unit costs, each item to be purchased. Include items costing more than \$1,000 or having a useful life of more than one year.

Form 1 and Form 2 are provided for your use and submittal as attachments to your grant application. Any budget narrative submitted should be done in conjunction with these forms.



STATE OF WASHINGTON  
DEPARTMENT OF COMMUNITY, TRADE  
AND ECONOMIC DEVELOPMENT

RESIDENTIAL SUBSTANCE ABUSE  
TREATMENT PROGRAM  
FORM 1

PROJECT BUDGET/APPLICATION FACE SHEET

FFY 2005 Program Funds

TO: DEPARTMENT OF COMMUNITY, TRADE AND ECONOMIC DEVELOPMENT

- 1a. Project Title: \_\_\_\_\_ 5. Program Period: 7/1/05 to 6/30/06
- 1b. Contracting Agent: (City/County Agency if applicable) \_\_\_\_\_ 6. Funding Authority: State of Washington  
Department of Community, Trade & Economic Development
- 1c. Mailing Address: \_\_\_\_\_ 7. Service Areas (by Reservation/County): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 1d. Contact Person: \_\_\_\_\_ Population: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Legislative District(s): \_\_\_\_\_  
E-Mail: \_\_\_\_\_ Congressional District(s): \_\_\_\_\_
2. Tax Identification No. \_\_\_\_\_ 8. Organization Fiscal Year (Mo/Yr): \_\_\_\_\_ to \_\_\_\_\_
3. Bars Code: 333. \_\_\_\_\_
4. CFDA No.: 16.593
9. Purpose: To provide U.S. Department of Justice funding to assist state agencies and units of local government in providing Residential Substance Abuse Treatment services to offenders.

	a	b	c=(a+b)	d	e
10. PROPOSED BUDGET:	GRANT \$	MATCH \$	TOTAL \$	OTHER \$	OTHER SOURCE
Salaries	_____	_____	_____	_____	_____
Benefits	_____	_____	_____	_____	_____
Contracted Services	_____	_____	_____	_____	_____
Goods and Services	_____	_____	_____	_____	_____
Travel	_____	_____	_____	_____	_____
Training	_____	_____	_____	_____	_____
Equipment	_____	_____	_____	_____	_____
11. GRAND TOTAL	_____	_____	_____	_____	_____

12. ESTIMATED EXPENDITURES (based upon GRANT TOTAL from item 11a above):

JUL	_____	OCT	_____	JAN	_____	APR	_____
AUG	_____	NOV	_____	FEB	_____	MAY	_____
SEP	_____	DEC	_____	MAR	_____	JUN	_____

TOTAL: \_\_\_\_\_ (should equal Item 11a Grant Total)

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**RESIDENTIAL SUBSTANCE ABUSE  
TREATMENT PROGRAM  
FORM 2**  
Page 1 of 3 Pages

TOTAL  
MATCH  
FUNDING

## 19

STATE OF WASHINGTON  
DEPARTMENT OF COMMUNITY, TRADE  
AND ECONOMIC DEVELOPMENT

RESIDENTIAL SUBSTANCE ABUSE  
TREATMENT PROGRAM  
FORM 2  
Page 2 of 3 Pages

TO: DEPARTMENT OF COMMUNITY, TRADE AND  
ECONOMIC DEVELOPMENT (CTED)

TOTAL  
FEDERAL  
FUNDING

TOTAL  
MATCH  
FUNDING

D. GOODS AND SERVICES

1. SUPPLIES

Office  
Other

TOTAL SUPPLIES

2. FACILITIES

Rent  
Utilities  
Telephone  
Maint. & Repair  
Other:

TOTAL FACILITIES

3. SERVICES

Audit  
Indirect\*  
Bonding  
Insurance  
Payroll/Acct.  
Publications  
Membership  
Printing  
Postage  
Vehicle Maint.  
Other:

TOTAL SERVICES

TOTAL GOODS AND SERVICES

Indirect rate approved by a federal/state agency: Yes \_\_\_\_\_ No \_\_\_\_\_  
(If "Yes" is not marked, no indirect rate is authorized)

Agency: \_\_\_\_\_

What are the cost factors and functions to which the indirect rate applies:

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**STATE OF WASHINGTON  
DEPARTMENT OF COMMUNITY, TRADE  
AND ECONOMIC DEVELOPMENT**

**RESIDENTIAL SUBSTANCE ABUSE  
TREATMENT PROGRAM**

**FORM 2**

Page 3 of 3 Pages

TO: DEPARTMENT OF COMMUNITY, TRADE AND  
ECONOMIC DEVELOPMENT (CTED)

TOTAL  
FEDERAL  
FUNDING

TOTAL  
MATCH  
FUNDING

E. TRAVEL

TOTAL TRAVEL

\_\_\_\_\_

\_\_\_\_\_

F. TRAINING

Type of Training:

\_\_\_\_\_

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TOTAL TRAINING

\_\_\_\_\_

\_\_\_\_\_

G. EQUIPMENT

Office

\_\_\_\_\_

\_\_\_\_\_

Vehicle

\_\_\_\_\_

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Other:

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TOTAL EQUIPMENT

\_\_\_\_\_

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GRAND TOTAL

\_\_\_\_\_

\_\_\_\_\_

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**PROGRAM ABSTRACT  
(Statement of Work)**

Please complete the Residential Substance Abuse Treatment Program Abstract and provide detail of your proposed program for the contract year beginning July 1, 2005 and ending June 30, 2006. The submitted program abstract will form the statement of work for this program. The successful statement of work will provide a program narrative work plan descriptive of functional areas of responsibility between chemical dependency activities and events and corrections. Each functional area should include critical elements to be accomplished, accompanied by measurable goals. The program narrative should begin with a concise overview stating the program purpose, summarizing the strategy for accomplishing work.

Work performed under the previous contract period (July 2004 to June 2005) should be used as a guideline for the continuation of funding of activities for delivery of services under this program.

Work described in the work plan must be supported in the detailed budget and budget narrative submitted. Work not supported in the Budget, but necessary for the accomplishment of the project should be included as "Non-Grant" Match. Examples of this type funding could include salaries and benefits of staff performing work in the project, but not funded directly by the grant or grant required match dollars.

The program abstract, when approved, is the authority to expend funds on this project. Should amendment of the approved abstract be required, funds may be expended for the new activity with CTED'S approval, in the form of a duly signed contract amendment containing the modified abstract.

Further detail for completing a work plan is provided in the following information as guidelines for submittal to CTED.

**PROGRAM WORKPLAN:**

**Section 1: Project Description**

Work plan is a narrative description of the general approach or strategy for providing services in areas of responsibility in your project. This description should provide a clear understanding of the method used by your project to achieve the program's purpose. Narrative content which describes progress to date for the last contract period should be included as part of the Significant Accomplishments form to this application. Use of charts, graphs, and other visuals is recommended for clarity of contents, but are not required.

## **Section 2: Work plan and timetable**

Submit a work plan for the entire contract year. Identify the tasks necessary to achieve the activities described in Section 1 above. Include your goals and objectives where appropriate. You should identify specific staff positions or consultants to be assigned.

## **Section 3: Project Staff (Budgeted Positions)**

Complete the Detailed Budget form and include the funded positions as elements in the work plan and timetable. Include an organizational chart summarizing lines of responsibility and authority for staffing the project.

## **Section 4: Budget and Budget Narrative**

Complete and submit the Application Budget Detail. The Application Face Sheet, Budget Detail Form, and the Budget Narrative sheet are the basic building blocks for submittal of budget items as part of this application. The Application Face Sheet (Form 1) is your means of documenting and summarizing all planned expenditures identified and supported in the program work plan (Abstract). Other budget requirements (approved indirect rate, for example), not readily identified in the above documents should be contained in the Budget Detail Narrative, where and when necessary.

## **Section 5: Effects and Impacts**

Describe specifically what the program will demonstrate or achieve. This section should be a pre-contract checklist for a post-contract period review of what was accomplished. Build a description of what effect your work plan will have over the period of the contract with the targeted audiences, organizations, and personnel. Use the measurable outcomes to describe anticipated impacts of funding provided in this grant. Explain how it will achieve, through your efforts, the outcomes that support CTED'S purpose for the Residential Substance Abuse Treatment Program.

### SIGNIFICANT ACCOMPLISHMENTS

Address each element separately

List activities undertaken during the previous contract year (July 2004 – June 2005) to address activities and events completed by your project. Please include elements for corrections as well as treatment and aftercare.

- Measurable activities supporting the previous grant-period's goals and objectives.
- Specific achievements illustrating unusual activities.
- Innovative practices (overcoming obstacles or increasing effectiveness/resources).
- Activities of interest to correctional institutions hosting residential treatment programs.
- Activities of interest to treatment professionals working in corrections-based treatment.
- Activities of interest to elected officials of local jurisdictions hosting/funding corrections-based residential substance abuse treatment programs.

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**STATE OF WASHINGTON  
DEPARTMENT OF COMMUNITY, TRADE  
AND ECONOMIC DEVELOPMENT**

**RESIDENTIAL SUBSTANCE ABUSE  
TREATMENT PARTICIPATION PROGRAM  
FORM 5**

**POINTS OF CONTACT**

**Contracting Point of Contact: (Who should the contract be returned to/amendments addressed to)**

Name: \_\_\_\_\_  
Title: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_  
Org: \_\_\_\_\_ Fax #: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ E-Mail Addr: \_\_\_\_\_  
City: \_\_\_\_\_, Washington Zip + 4: \_\_\_\_\_

**Policy Issues Contact: (Contracting agency/oversight board representative with program involvement)**

Name: \_\_\_\_\_  
Title: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_  
Org: \_\_\_\_\_ Fax #: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ E-Mail Addr: \_\_\_\_\_  
City: \_\_\_\_\_, Washington Zip + 4: \_\_\_\_\_

**Operations Contact: (Who should be contracted for programmatic concerns, monitoring, etc.)**

Name: \_\_\_\_\_  
Title: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_  
Org: \_\_\_\_\_ Fax #: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ E-Mail Addr: \_\_\_\_\_  
City: \_\_\_\_\_, Washington Zip + 4: \_\_\_\_\_

**Field Supervisor: (Senior officer assigned to supervise officers assigned to regional task forces)**

Name: \_\_\_\_\_  
Title: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_  
Org: \_\_\_\_\_ Fax #: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ E-Mail Addr: \_\_\_\_\_  
City: \_\_\_\_\_, Washington Zip + 4: \_\_\_\_\_

**Contact for Report Inquiries: (Who fills out the quarterly reports)**

Name: \_\_\_\_\_  
Title: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_  
Org: \_\_\_\_\_ Fax #: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ E-Mail Addr: \_\_\_\_\_  
City: \_\_\_\_\_, Washington Zip + 4: \_\_\_\_\_

**Contact for Fiscal Inquiries: (Who fills out the monthly expenditure report/request for reimbursement)**

Name: \_\_\_\_\_  
Title: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_  
Org: \_\_\_\_\_ Fax #: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ E-Mail Addr: \_\_\_\_\_  
City: \_\_\_\_\_, Washington Zip + 4: \_\_\_\_\_

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### QUARTERLY PERFORMANCE REPORT

For this report use only information regarding services provided with RSAT grant funds and matching funds. Report cumulative information only if available.

Amount of Services	FY 2005
Previously funded RSAT beds continued during this grant cycle.	
New treatment beds added with RSAT grant funds during this grant cycle.	
Treatment beds funded through other sources, but enhanced with RSAT funded services.	
Average length of stay in the residential program in days, for those completing the program.	
Number of days of residential treatment provided.	
Number of days of aftercare provided.	
Total number of offenders entering the RSAT-funded treatment program.	
Adult Male:	
Adult Female	
Juvenile Male:	
Juvenile Female:	
Total Number of offenders entering an RSAT-funded aftercare program:	
Average length of stay in the aftercare program in days, for those completing the program:	
Adult Male:	
Adult Female	
Juvenile Male:	
Juvenile Female:	
Total number of offenders successfully completing this residential program:	
Total number of offenders that dropped out of the residential program:	
Total number of offenders that were terminated from the residential program:	
Total number of offenders successfully completing the aftercare program:	
Total number of offenders that dropped out of the aftercare program:	
Total number of offenders that were terminated from the aftercare program:	
Program Costs	
Average cost per day for residential program:	
Average cost per day for the aftercare program:	
Of the offenders who completed the program, the number that have remained drug-free during the residential program.	
Of the offenders who have completed the program, the number that have remained drug-free during the aftercare program.	
Of the offenders who have completed the program, the number that have remained arrest-free during the aftercare program.	
Of the offenders who have completed the program, the number that have remained arrest-free following release from aftercare for one year. (for this indicator, use the most recent year's data available).	

## **Definitions**

1. **Treatment Beds Supported:** This is for previously supported RSAT beds that receive continuation funding during the current funding cycle.
2. **New Treatment Beds:** Brand new treatment beds created with RSAT grant funds during the current RSAT funding cycle.
3. **Enhanced Treatment Beds:** Treatment beds that are funded through non-RSAT sources that received enhanced services funded with RSAT, during the current funding cycle.
4. **Total Number of Male Offenders:** This is the actual (not capacity) count of male offenders whose placement in a treatment program is paid for with RSAT grant funds.
5. **Total Number of Female Offenders:** This is the actual (not capacity) count of female offenders whose placement in a treatment program is paid for with RSAT grant funds.
6. **Total Number of Adult Offenders:** This is the actual (not capacity) count of adult offenders whose placement in a treatment program is paid for with RSAT grant funds.
7. **Total Number of Juvenile Offenders:** This is the actual (not capacity) count of juvenile offenders whose placement in a treatment program is paid for with RSAT grant funds.
8. **Total Number of Successful Offenders:** For programs operating at least six months, the number of offenders who successfully complete the RSAT-funded program.
9. **Average Length of Stay:** For those successfully completing the program, provide in days the average length of stay. Do not include assessment, transition, or aftercare phases.
10. **Number of Drop Outs:** Provide number of offenders who dropped out on their own initiative. If the rate is 25% or higher, please provide details on a separate sheet of paper.
11. **Number Terminated:** Provide number of offenders who were terminated from the program. If the rate is 25% or higher, please provide details on a separate sheet of paper.
12. **Successful Aftercare:** If the program has an aftercare component, please provide the number of offenders that have successfully completed the aftercare phase.
13. **Drug-Free Residential:** For those offenders whose treatment is financed by RSAT funds, the percentage that have remained drug-free during the residential program.
14. **Drug-Free Aftercare:** If the program has an aftercare component, the percentage that have remained drug-free during the aftercare phase.
15. **Arrest-Free Residential:** For those offenders whose treatment is financed by RSAT funds, the percentage that have remained arrest-free during the residential program.
16. **Arrest-Free Aftercare:** If the program has an aftercare component, the percentage who have remained arrest-free during the aftercare phase.
17. **Arrest-Free Following Release:** Of those successfully completing the RSAT-funded program, the percentage that have remained arrest-free at least one year following release from the residential or aftercare programs.
18. **Average Cost Residential:** For those programs in existence at least two years, the average cost of the RSAT funded program per offender.
19. **Average Cost Residential:** For those programs in existence at least two years and that have an aftercare component, the average cost of the aftercare phase per offender.

### ANNUAL PERFORMANCE REPORT

For this report use only information regarding services provided with RSAT grant funds and matching funds. Report cumulative information only if available.

<b>Amount of Services</b>	<b>FY 2005</b>	<b>All Years</b>
Previously funded RSAT beds continued during this grant cycle.		
New treatment beds added with RSAT grant funds during this grant cycle.		
Treatment beds funded through other sources, but enhanced with RSAT funded services.		
Average length of stay in the residential program in days, for those completing the program.		
Number of days of residential treatment provided.		
Number of days of aftercare provided.		
<b>Offenders Entering Residential Treatment</b>		
Total number of offenders entering the RSAT-funded treatment program.		
Adult Male:		
Adult Female		
Juvenile Male:		
Juvenile Female:		
<b>Offenders Entering Aftercare Programs</b>		
Total Number of offenders entering an RSAT-funded aftercare program:		
Average length of stay in the aftercare program in days, for those completing the program:		
Adult Male:		
Adult Female		
Juvenile Male:		
Juvenile Female:		
<b>Residential Treatment Success</b>		
Total number of offenders successfully completing this residential program:		
Total number of offenders that dropped out of the residential program:		
Total number of offenders that were terminated from the residential program:		
<b>Aftercare Success:</b>		
Total number of offenders successfully completing the aftercare program:		
Total number of offenders that dropped out of the aftercare program:		
Total number of offenders that were terminated from the aftercare program:		

Program Costs		
Average cost per day for residential program:		
Average cost per day for the aftercare program:		
<b>Recidivism and Drug-Use:</b>		
Of the offenders who completed the program, the number that have remained drug-free during the residential program.		
Of the offenders who have completed the program, the number that have remained drug-free during the aftercare program.		
Of the offenders who have completed the program, the number that have remained arrest-free during the aftercare program.		
Of the offenders who have completed the program, the number that have remained arrest-free following release from aftercare for one year. (for this indicator, use the most recent year's data available).		

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19. **Average Cost Residential:** For those programs in existence at least two years and that have an aftercare component, the average cost of the aftercare phase per offender.

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**SIGNATURE AUTHORIZATION**

(See reverse for instructions.)

**All signatures MUST be original. Stamped signatures will not be accepted.**

1. NAME OF ORGANIZATION		DATE SUBMITTED
2. NAME OF PROJECT		CONTRACT NUMBER
3. AUTHORIZED TO SIGN APPLICATIONS/REVISED APPLICATIONS		
SIGNATURE	PRINT OR TYPE NAME	TITLE
4. AUTHORIZED TO SIGN CONTRACTS/CONTRACT MODIFICATIONS		
SIGNATURE	PRINT OR TYPE NAME	TITLE
5. AUTHORIZED TO SIGN VOUCHERS		
SIGNATURE	PRINT OR TYPE NAME	TITLE
6. AUTHORIZING AUTHORITY		
SIGNATURE	PRINT OR TYPE NAME	TITLE

DEPARTMENT OF COMMUNITY, TRADE & ECONOMIC DEVELOPMENT  
906 Columbia Street SW  
Post Office Box 42525  
Olympia, Washington 98504-2525

**SIGNATURE AUTHORIZATION  
INSTRUCTIONS**

**All Signatures MUST be original. Stamped signatures will not be accepted.**

1. Enter the name of the organization functioning as contractor and the date you are completing this form.
2. Enter the name of the program and the CTED contract number (if known).
3. Enter the name of the person or persons who are authorized to sign applications and requests for revised applications (amendments).

EXAMPLE:

3. AUTHORIZED TO SIGN APPLICATIONS/REVISED APPLICATIONS		
SIGNATURE	PRINT OR TYPE NAME	TITLE
<i>John Goforth</i>	John Goforth	Program Developer

4. Enter the name of the person or persons who are authorized to sign contracts and contract modifications (amendments).
5. Enter the name of the person or persons who are authorized to sign vouchers. It is advisable to designate more than one person who can function in this capacity.
6. Enter the name of the person or persons who have the authority to authorize contract(s) and agreements, such as: county commissioner, executive director, or program director. This should be the same person as identified in the "Authorized to Sign Contracts" section.

### Statement of Assurances

The applicant:

1. Has sufficient fiscal and management controls to implement and maintain the program in accordance with this application and the program requirements. Have sufficient monetary resources to implement and maintain the program operations in accordance with this application.
2. Will not use any grant funds to supplant local funds, but will use such grant funds to increase the amounts of funds that would, in the absence of federal funds, be made available for program activities. Will provide matching funds required to pay the non-federal portion of the program expenses, for which federal grant funds are made available, which shall be in addition to funds that would otherwise be made available for program activities.
3. Will provide full cooperation of administrative and program staff, and availability of all records upon request and convenience of staff from the Department of Community, Trade and Economic Development, Office of the State Auditor, or U.S. Department of Justice, who are charged with monitoring program compliance and the use of funds provided.
4. Will comply with the requirements of the Drug Control and System Improvement Formula Grant Program as published by the Department of Community, Trade and Economic Development and relevant federal agencies, and as embodied in statute.
5. Will comply with Title V of the Anti-Drug Abuse Act of 1988 and regulations promulgated by the federal government to maintain a drug-free workplace.
6. Will not undertake any prohibited political activities with these funds including, but not limited to, voter registration, partisan political activity, lobbying congress, the Legislature, or any federal or state agency for project of jurisdictional specific activity, or campaign for any ballot measure. Will comply with the provisions of Title 28, Code of Federal Regulations; Part 61, Procedures for Implementing the National Environmental Policy Act; and Part 63, Floodplain Management and Wetland Protection Procedures.
7. Guarantees that in performing any contract, purchase or other agreement, the organization shall not discriminate against any employee or applicant for employment because of race, color, religion, age, sex, marital status, national origin, political affiliation or the presence of any sensory, mental or physical disability. The organization agrees to take affirmative action to ensure that applicants are employed and that employees are treated during the employment without discrimination because of their race, color, religion, age, sex, political affiliation, handicap or national origin. Such action shall include, but not be limited to, employment upgrading, demotion or transfer, recruitment and recruitment advertising, layoff or termination, rates of pay or other forms of compensation, and training. This guarantee shall implement federal, state and any local equal opportunity and non-discrimination statutes. The applicant further will, without delay, bring any finding of an equal opportunity or non-discrimination violation to the attention of the Department of Community, Trade and Economic Development.

PLEASE NOTE: THE DEPARTMENT'S ACCEPTANCE OF THIS APPLICATION FOR FUNDING IS SUBJECT TO SUBSEQUENT COMPLIANCE REVIEWS THAT MAY REQUIRE CORRECTIVE ACTION BY THE APPLICANT. AUTHORIZED SIGNATURE BY THE APPLICANT GUARANTEES ASSURANCES THAT ARE CONTAINED ON THE APPLICATION FACE SHEET.

8. Authorized Signature for the Applicant:

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINTED NAME OF SIGNATURE

\_\_\_\_\_  
TITLE

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U.S. DEPARTMENT OF JUSTICE  
OFFICE OF JUSTICE PROGRAMS  
OFFICE OF THE COMPTROLLER

**CERTIFICATIONS REGARDING LOBBYING; DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY  
MATTERS; AND DRUG-FREE WORKPLACE REQUIREMENTS**

Applicants should refer to the regulations cited below to determine the certification to which they are required to attest. Applicants should also review the instructions for certification included in the regulations before completing this form. Signature of this form provides for compliance with certification requirements under 28 CFR Part 69, "New Restrictions on Lobbying" and 28 CFR Part 67, "Government-wide Debarment and Suspension (Nonprocurement) and Government-wide Requirements for Drug-Free Workplace (Grants)." The certifications shall be treated as a material representation of fact upon which reliance will be placed when the Department of Justice determines to award the covered transaction, grant, or cooperative agreement.

**1. Lobbying**

As required by Section 1352, Title 31 of the U.S. Code, and implemented at 28 CFR Part 69, for persons entering into a grant or cooperative agreement over \$100,000, as defined at 28 CFR Part 69, the applicant certifies that:

- (a) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the making of any Federal grant, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal grant or cooperative agreement;
- (b) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form - LLL, "Disclosure of Lobbying Activities," in accordance with its instructions;
- (c) The undersigned shall require that the language of this certification be included in the award documents for all sub awards at all tiers (including subgrants, contracts under grants and cooperative agreements, and subcontracts) and that all subrecipients shall certify and disclose accordingly.

**2. Debarment, Suspension, and Other Responsibility Matters (Direct Recipient)**

As required by Executive Order 12549, Debarment and Suspension, and implemented at 28 CFR Part 67, for prospective participants in primary covered transactions, as defined at 28 CFR Part 67, Section 67.510 -

A. The applicant certifies that it and its principals:

- (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of Federal benefits by a State or Federal court, or voluntarily excluded from covered transactions by any Federal department or agency;

- (b) Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- (c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (1)(B) of this certification; and
- (d) Have not within a three-year period preceding this application had one or more public transactions (Federal, State, or local) terminated for cause or default; and

B. Where the applicant is unable to certify to any of the statements in this certification, he or she shall attach an explanation to this application.

**3. Drug-Free Workplace (Grantees Other Than Individuals)**

As required by the Drug-Free Workplace Act of 1988, and implemented at 28 CFR Part 67, Subpart F, for grantees, as defined at 28 CFR Part 67, Sections 67.615 and 67.620--

- A. The applicant certifies that it will or will continue to provide a drug-free workplace by:
  - (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
  - (b) Establishing an on-going drug-free awareness program to inform employees about--
    - (1) The dangers of drug abuse in the workplace;

- (2) The grantee's policy of maintaining a drug-free workplace;
  - (3) Any available drug counseling, rehabilitation, and employee assistance program; and
  - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- (c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);
- (d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee would -
- (1) Abide by the terms of the statement; and
  - (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- (e) Notifying the agency, in writing, within ten calendar days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to: Department of Justice, Office of Justice Programs, ATTN: Control Desk, 633 Indiana Avenue, NW, Washington, D.C. 20531. Notice shall include the identification number(s) of each affected grant;
- (f) Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted--
- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
  - (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

- (g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

- B. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

Place of performance (street address, city, county, state, zip code):

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Check ☐ if there are workplaces on file that are not identified here.

Section 67, 630 of the regulations provides that a grantee that is a State may elect to make one certification in each Federal fiscal year. A copy of which should be included with each application for Department of Justice funding. States and State agencies may elect to use OJP Form 4061/7.

Check ☐ if the State has elected to complete OJP Form 4061/7.

#### **Drug-Free Workplace (Grantees Who Are Individuals)**

As required by the Drug-Free Workplace Act of 1988, and implemented at 28 CFR Part 67, Subpart F, for grantees, as defined at 28 CFR Part 67; Sections 67.615 and 67.620--

- A. As a condition of the grant, I certify that I will not engage in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance in conducting any activity with the grant; and
- B. If convicted of a criminal drug offense resulting from a violation occurring during the conduct of any grant activity, I will report the conviction, in writing, within ten calendar days of the conviction, to: Department of Justice, Office of Justice Programs, ATTN: Control Desk, 633 Indiana Avenue, N.W., Washington, D.C. 20531.

**As the duly authorized representative of the applicant, I hereby certify that the applicant will comply with the above certifications.**

#### **1. Grantee Name and Address:**

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#### **2. Application Number and/or Project Name**

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#### **3. Grantee IRS/Vendor Number**

---

#### **4. Typed Name and Title of Authorized Representative:**

---

#### **5. Signature**

---

#### **6. Date**

---

Approved by OMB  
0348-0046

# DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352  
(See reverse for public burden disclosure)

<b>1. Type of Federal Action:</b> <input type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance		<b>2. Status of Federal Action:</b> <input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post award		<b>3. Report type:</b> <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change <b>For Material Change Only:</b> year _____ Quarter _____ date of last report _____	
<b>4. Name and Address of Reporting Entity:</b> <input type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known  Congressional District, if known:			<b>5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime:</b>  Congressional District, if known:		
<b>6. Federal Department/Agency:</b>			<b>7. Federal Program Name/Description:</b>  CDFA Number, if applicable: _____		
<b>8. Federal Action Number, if known:</b>			<b>9. Award Amount, if known:</b> \$		
<b>10. a. Name and Address of Lobbying Entity (if individual, last name, first name, MI)</b>			<b>b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI)</b>		
<b>11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of the fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.</b>			<b>Signature:</b> _____ <b>Print Name:</b> _____ <b>Title:</b> _____ <b>Telephone No.:</b> _____ <b>Date:</b> _____		
<b>Federal Use Only:</b>					Authorized for Local Reproduction Standard Form - LLL

## INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee or prime federal recipient, at the initiation or receipt of a covered federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a federal action. Use the SF-LLL-A Continuation Sheet for additional information if the space on the form is inadequate. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identifying the type of covered federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered federal action.
2. Identify the status of the covered federal action.
3. Identify the appropriate classification of this report. If this is a follow-up report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered federal action.
4. Enter the full name, address, city, state and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 checks "subawardee", then enter the full name, address, city, state and zip code of the prime federal recipient. Include Congressional District, if known.
6. Enter the name of the federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example: Department of Transportation, United States Coast Guard.
7. Enter the federal program name or description for the covered federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate federal identifying number available for the federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant or loan award number; the application/proposal control number assigned by the federal agency). Include prefixes, e.g., "RFP-DE-90-001".
9. For a covered federal action where there has been an award or loan commitment for the prime entity identified in item 4 or 5.
10. (a) Enter the full name, address, city, state and zip code of the lobbying entity engaged by the reporting entity identified in item 4 to influence the covered federal action.  
  
(b) Enter the full names of the individual(s) performing services, and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI)>
11. The certifying official shall sign and date the form, printing his/her name, title, and telephone number.

Public reporting burden for this collection of information is estimated to average 30 minutes per response including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046); Washington, D.C. 20503.
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**EQUAL EMPLOYMENT OPPORTUNITY PLAN (EEOP) CERTIFICATION**

Recipient Name and Address: \_\_\_\_\_

Grant Title: FFY 2005 RSAT Formula Grant

Grant Number: 2005-RT-BX-0002

Subaward No.: F05-67705

Award Amount: \_\_\_\_\_ Contact Person Name/Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Federal regulations require recipients of financial assistance from the Office of Justice Programs (OJP), its component agencies, and the Office of Community Oriented Policing Services (COPS) to prepare, maintain on file, submit to OJP for review, and implement an Equal Employment Opportunity Plan (EEOP) in accordance with 28 CFR Sections 42.301-.308. The regulations exempt some recipients from all of the EEOP requirements. Other recipients, according to the regulations, must prepare, maintain on file and implement an EEOP, but they do not need to submit the EEOP to OJP for review. Recipients that claim a complete exemption from the EEOP requirement must complete Section A below. Recipients that claim the limited exemption from the submission requirement must complete Section B below. A recipient should complete either Section A or Section B, not both. If a recipient receives multiple OJP or COPS grants, please complete a form for each grant, ensuring that any EEOP recipient certifies as completed and on file (if applicable) has been prepared within two years of the latest grant. Please send the completed form(s) to: Department of Community, Trade & Economic Development, Attn: Safe & Drug-Free Communities Unit – Harvey Queen, Post Office Box 42525, Olympia, WA 98504-2525.

**Section A – Declaration of Claiming Complete Exemption from the EEOP Requirement.** Please *check all boxes that apply*.

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Recipient has less than 50 employees    | <input type="checkbox"/> Recipient is an Indian Tribe       | <input type="checkbox"/> Recipient is a non-profit organization  |
| <input type="checkbox"/> Recipient is an educational institution | <input type="checkbox"/> Recipient is a medical institution | <input type="checkbox"/> Recipient's award is less than \$25,000 |

I, \_\_\_\_\_ [responsible official], certify that \_\_\_\_\_

[recipient] is not required to prepare an EEOP for the reason(s) checked above, pursuant to 28 CFR Sections 42.302. I further certify that \_\_\_\_\_ [recipient] will comply with the applicable Federal civil rights laws that prohibit discrimination in employment and in the delivery of services.

\_\_\_\_\_  
Print or type Name and Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Section B – Declaration Claiming Exemption from the EEOP Submission Requirement and Certifying that an EEOP Is on File for Review.**

If a recipient agency has 50 or more employees and is receiving a single award or subaward for \$25,000 or more, but less than \$500,000, then the recipient agency does not have to submit an EEOP for review as long as it certifies the following (42 CFR Section 42.305):

I, \_\_\_\_\_ [responsible official], certify that \_\_\_\_\_ [recipient], which has 50 or more employees and is receiving a single award or subaward for \$25,000 or more, but less than \$500,000, has formulated an EEOP in accordance with 28 CFR Section 42.301, *et. Seq.*, subpart E. I further certify that the EEOP has been formulated and signed into effect within the past two years by the proper authority and that it is available for review. The EEOP is on file in the office of \_\_\_\_\_ [organization], at \_\_\_\_\_ [address], for review by the public and employees or for review or audit by officials of the relevant state planning agency or the Office for Civil Rights, Office of Justice Programs, U.S. Department of Justice, as required by relevant laws and regulations.

\_\_\_\_\_  
Print or type Name and Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## EQUAL EMPLOYMENT OPPORTUNITY PLAN (EEOP) CERTIFICATION

### INSTRUCTIONS

**Applicability:** This form is to be completed by all recipients and sub-recipients receiving less than \$500,000. If receiving \$500,000 direct recipients are to submit a complete EEOP plan to the department.

**Disposition:** The direct recipient should keep a copy of the forms for all sub-recipients, and forward the one copy of this form for all applicable recipients to the Department for consolidated submission to the Office of Justice Programs.

#### General Information:

1. Directly below the form's title, following 'Recipients Name and Address' enter the organization's name and primary mailing address; do not enter a tribal agency or department.
2. Leave blank the lines following 'Subaward No.:' and the 'Award Amount.' The Department of Community, Trade and Economic Development will make these entries if the applicant is selected for funding.
3. Following 'Contact Person Name/Title:' enter the name of the tribal official responsible for civil rights compliance or personnel actions.
4. Following 'Phone Number:' enter the phone number at which the Contact Person may be contacted.

**Section A:** Determine if your agency meets one or more of the six criteria. If not skip to Section

**\* Common Error – “Recipient has less than 50 Employees” means the entire jurisdiction/agency \* \***

Any official authorized to sign on behalf of the organization may complete this section, although completion by the Contact Person listed at the top of the form or Personnel Officer is preferred.

5. Preceding '[responsible official],' type the name of the official executing the form.
6. Preceding '[recipient],' type the name of the jurisdiction—not just an agency or department of the jurisdiction.
7. Type or Print the name and title of the official executing the certificate.
8. Sign and date the form.

**Section B:** Complete this section only if your agency does not meet any of the six criteria for Section A.

Any official authorized to sign on behalf of the organization may complete this section, although completion by the Contact Person listed at the top of the form or Personnel Officer is preferred.

9. Preceding '[responsible official],' type the name of the official executing the form.
10. Preceding '[recipient],' type the name of the jurisdiction – not just an agency or department of the jurisdiction.
11. Type or Print the name and title of the official executing the certificate.
12. Sign and date the form.

CIVIL RIGHTS REQUIREMENTS

The following civil rights requirements apply to all units of local government and state agencies regardless of grant acceptance, and both for profit and non-profit organizations accepting federal grant funds. Beneath each requirement are one or more references that are provided to assist in understanding and compliance. It should be noted that the compliance requirements apply to the entire jurisdiction/organization, and not just to the funded activities.

1. **Omnibus Crime Control and Safe Streets Act of 1968 (42 USC § 3789d)**  
Reference: <http://www.usdoj.gov/crt/split/42usc3789d.htm>
2. **Victims of Crime Act reference:**  
Reference: <http://www.usdoj.gov/crt/split/42usc3789d.htm>
3. **Title IV of the Civil Rights Act of 1964**  
Reference: <http://www.usdoj.gov/crt/cor/coord/titlevi.htm>
4. **Section 504 of the Rehabilitation Act of 1973**  
Reference: [http://www.advocacyinc.org/AC2\\_print.htm](http://www.advocacyinc.org/AC2_print.htm)
5. **Title II of the Americans with Disabilities Act of 1990**  
References:
  - Text – The Americans with Disabilities Act  
<http://www.usdoj.gov/crt/ada/pubs/ada.txt>
  - Title II Highlights  
<http://www.usdoj.gov/crt/ada/t2hlt95.htm>
  - The Americans with Disabilities Act, Title II Technical Assistance Manual  
[http://www.usdoj.gov/crt/ada/taman2\\_](http://www.usdoj.gov/crt/ada/taman2_)
  - Commonly Asked Questions – ADA and Law Enforcement  
[http://www.usdoj.gov/crt/ada/q%26a\\_law.htm](http://www.usdoj.gov/crt/ada/q%26a_law.htm)
  - Commonly Asked Questions – ADA and Hiring Police Officers  
<http://www.usdoj.gov/crt/ada/copsq7a.htm>
  - Self Evaluation and Transition Plan Worksheets  
<http://adaptenv.org/index.php?option=Resource&articleid=185&topicid=25>
6. **Title IX of the Education Amendments of 1972**  
Reference: <http://www.usdoj.gov/crt/cor/coord/titleix.htm>
7. **Age Discrimination Act of 1975**  
Reference: <http://www4.law.cornell.edu/uscode/42/6102.html>
8. **USDOJ Non-Discrimination Regulations (28 CFR 42, Subparts C, D, E and G)**  
Reference: [http://www.access.gpo.gov/nara/cfr/waisidx\\_00/28cfr42\\_00.html](http://www.access.gpo.gov/nara/cfr/waisidx_00/28cfr42_00.html)
9. **USDOJ Regulations on Disability Discrimination (28 CFR Part 35 & Part 39)**  
References:
  - Text – 28 CFR 28 Part 35  
[http://www.access.gpo.gov/nara/cfr/waisidx\\_00/28cfr35\\_00.html](http://www.access.gpo.gov/nara/cfr/waisidx_00/28cfr35_00.html)
  - Text – 28 CFR 28 Part 39  
[http://www.access.gpo.gov/nara/cfr/waisidx\\_00/28cfr39\\_00.htm](http://www.access.gpo.gov/nara/cfr/waisidx_00/28cfr39_00.htm)

## **INFORMATION AND ASISTANCE**

The agencies and organizations listed below can provide technical advice and assistance.

### **U.S. Department of Justice**

#### **Office of Civil Rights**

Coordination and Review Section

810 – 7<sup>th</sup> Street NW

Washington, D.C. 20531

Voice: (202) 307-0690

TDD/TTY: (202) 307-2027

[www.ojp.usdoj.gov/ocr](http://www.ojp.usdoj.gov/ocr)

### **Washington Human Rights Commission**

711 S Capital Way, Suite 402

PO Box 42490

Olympia, WA 98504-2490

Voice/TDD: (360) 753-6770

Voice: 1-800-233-3247

TTY: 1-800-300-7525

[www.hum.wa.gov](http://www.hum.wa.gov)

### **Job Accommodation Network (JAN)**

1-800-ADA-WORK (Voice/TDD)

[jan@jan.wvu.edu](mailto:jan@jan.wvu.edu)

### **U. S. Architectural and Transportation**

Barriers Compliance Board

1-800-USA-ABLE (Voice/TDD)

### **Office for Civil Rights**

**Department of Health and Human Services**

[www.os.dhhs.gov/ocr](http://www.os.dhhs.gov/ocr)

### **Equal Employment Opportunity Commission**

**(U. S. Government)**

State of Washington Area Office

909 – 1<sup>st</sup> Avenue, Suite 400

Seattle, WA 98104

Voice/TDD: (206) 220-6882

1-800-669-4000

### **Department of Personnel**

#### **Workforce Diversity Office**

PO Box 47500

Olympia, WA 98504-7500

Voice: (360) 664-6228

TTY/TDD: (360) 753-4107

### **Department of Labor and Industries**

#### **Vocational Services**

PO Box 44323

Olympia, WA 98504-4323

Voice: (360) 902-5456/5447

### **Washington Division of Vocational Rehabilitation**

#### **Department of Social and Health Services**

(38 field offices statewide)

Provides employment services to persons with disabilities and businesses

Voice/TDD: 1-800-637-5627

### **Washington Governor's Committee on Disability**

Issues and Employment

PO Box 9046

Olympia, WA 98507-9046

Executive Secretary, Toby Olson

Voice: (360) 438-3168

TTY: (360) 438-31

**As the duly authorized representative of the applicant, I hereby certify that the applicant will comply with the above Civil Rights requirements specified on the previous page of this certification.**

\_\_\_\_\_  
SIGNATURE OF WAIVING OFFICIAL

\_\_\_\_\_  
TITLE OF OFFICIAL COMPLETING THE WAIVER

\_\_\_\_\_  
JURISDICTION/ORGANIZATION REPRESENTED

\_\_\_\_\_  
DATE